U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 979		2 Fiscal Year Covered From					
		1 / 1 / 2004 Through 12 / 31 / 2004					
3 Name and address of person filing		4 Name file number and address of labor organization					
Name Richard L Broo	oks	Name United Nurses & Allied Professionals					
		Labor Organization File Number 541 143					
PO Box Bldg Room No if any		P O Box Building and Room Number if any					
Street 375 Branch Avenue		Street	Street 375 Branch Avenue				
City Providence		City	Providence				
State Rhode Island	ZIP Code + 4 02904	State	Rhode Island	ZIP Code + 4	02904		
5 Position ir labor organization Director							
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organitation represents or is actively seeking to represent							
6 Name and address of Employer (including tra	ade name if any)	7 a Natu	re of Interest, Transaction or Income				
Name							
Trade Name If any							
P O Box Bldg Room No If any		7 b Amo					
Street		7 D AIRC	on.				
City							
State	ZIP Code + 4		k annaharra	<u></u>			
Signature 101							
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete. (See the section on penalties in the instructions.)							
Signed	may -	On [B/12/2005 401-831 3	647 Telephone Numb			
			Date	reschuouse wamp	eı		

Name of Person Filing Richard Brooks	File Number U					
B Held an interest in or derived income or economic benefit with mone ary value f om a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name if any)	9 Business deals with					
Name Blue Cross Blue Shield of Rhode Island	∇					
Trade Name if any	a Labor Organization b Trust					
PO Box Bldg Room No If any	c Employer					
Street 444 Westminster Street	homoul Carry					
City Providence						
State Rhode Island ZIP Code + 4 02903						
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing					
Name	provider of health insurance					
Trade Name If any						
PO Box Bldg Room No If any						
Street	11 b Approximate dollar value of such dealing					
City	12 a Nature of interest held or income received					
State ZIP Code + 4	dinner meeting					
	12 b Amount	\$36				
	12 V Arrount	<u> </u>				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.					
Name						
Trade Name if any		us "Lugaresentated				
PO Box Bldg Room No If any		and the state of t				
Street		ne santanan				
City						
State ZIP Code + 4						
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.					
